

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 10/529,925	Filing Date 12/26/2006	<input type="checkbox"/> To be Mailed		
Substitute for Form PTO-875									
APPLICATION AS FILED – PART I					OTHER THAN SMALL ENTITY				
(Column 1)		(Column 2)		SMALL ENTITY <input type="checkbox"/>	OR				
FOR	NUMBER FILED	NUMBER EXTRA		RATE (\$)	FEES (\$)				
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A					
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A		N/A					
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A		N/A					
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*		X \$ =					
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*		X \$ =					
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(e)) <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter "0" in column 2.									
					TOTAL		TOTAL		
APPLICATION AS AMENDED – PART II					OTHER THAN SMALL ENTITY				
(Column 1)		(Column 2)		(Column 3)	SMALL ENTITY	OR			
AMENDMENT	10/29/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(j))	* 21	Minus	* 20	= 1	RATE (\$)	ADDITIONAL FEE (\$)		
Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0	X \$ =		OR	X \$52=	52
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(e)) <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					X \$ =		OR	X \$220=	0
							OR		
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	52
APPLICATION AS AMENDED – PART II					OTHER THAN SMALL ENTITY				
(Column 1)		(Column 2)		(Column 3)	SMALL ENTITY	OR			
AMENDMENT	10/29/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(j))	* 21	Minus	* 20	= 1	RATE (\$)	ADDITIONAL FEE (\$)		
Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0	X \$ =		OR	X \$ =	
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(e)) <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					X \$ =		OR	X \$ =	
							OR		
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	52
APPLICATION AS AMENDED – PART II					OTHER THAN SMALL ENTITY				
(Column 1)		(Column 2)		(Column 3)	SMALL ENTITY	OR			
AMENDMENT	10/29/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(j))	* 21	Minus	* 20	= 1	RATE (\$)	ADDITIONAL FEE (\$)		
Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0	X \$ =		OR	X \$ =	
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(e)) <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					X \$ =		OR	X \$ =	
							OR		
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	52

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This process of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.